

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of DeLaDistrict of Lower MiamiTown of Miami

or

City of

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 177County Registrar No. 857Local Registrar No. 40No. 260 Grover Canyon St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Epipania De la Riva

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth January 11, 1925
Month day year

5. No., in order of birth

8. FATHER

Full name

Gregorio De la Riva

14. MOTHER

Full maiden name

Francisca Rivas

9. Residence

(Usual place of abode)

Miami, Arizona

If nonresident, give place and state

15. Residence

(Usual place of abode)

Miami, Arizona

If nonresident, give place and state

10. Color or race

Mexican11. Age at last birthday 35 (Years)

16. Color or race

Mexican17. Age at last birthday 25 (Years)

12. Birthplace (city or place)

(State or country)

Mexico

18. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of Industry

Common laborer
(not working)

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 3(b) Born alive but now dead 2(c) Stillborn 021. Were precautions taken against oph-
thalmia neonatorum?yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive

(Born alive or stillborn.)

at 6:30 A.M. on the date above stated.*When there was no attending physician or
midwife, then the father, householder, etc.,
should make this return. A stillborn child
is one that neither breathes nor shows other
evidences of life after birth.

Signature

(Physician or midwife)

Address

Miami, ArizonaGiven name added from
a supplemental report

Month, day, year.

Filed

Feb 1, 1925

Filed

3/9, 1925

Registrar.

Local Registrar.

County Registrar.

541-111-693

N.B.—In case of more than one child at a birth, a SEP-
ARATE RETURN must be made for each, and the number of each,
in order of birth stated.